

*Pat Barker*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO./

APPLICANT(S)

FILING DATE

8563744

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
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5						
6			4			
7			4			
8			3			
9						
10			1			
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13			1			
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15			3			
16			3			
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20			1			
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28			2			
29			2			
30			1			
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39			1			
40			1			
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43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			2			
50			1			
TOTAL IND.			3			
TOTAL DEP.			24			
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						